				V
PLACE OF BIRTH	A D170	ONA STATE BOA	DD OF MEALTH	,
County of	ARIZ	JINA STATE BUA	RD OF HEALTH	2.5
trict of	BUREAU OF	VITAL STATISTICS	State Index No. 207	
vn of Store	ORIGINAL CEF	RTIFICATE OF BIRTH	County Registrar No. 2 8	
or		•	Local Registrar No.	
y of	No	a homital or institution viva	its NAME instead of street and n	Ward
AL O d	N. II	a nospital of institution, give	i If child is not yet named	
Full name of child	yun		supplemental report, as d	irected.
To be answered ONL in event of plural births.	Y 4. Twin, triplet or 2 5. No., in order of		7. Date of birth an. 19 1	925
FATHER		14.	MOTHER	:
11 name Frank Dan	Kidd	Full maiden name ne	ma Sloyd	
Residence (Usual place of abode)	lo al	15. Residence (Usual place of a	7////	,
If nonresident, give place and	me, my.	If nonresident, give p	lace and state of the	1
Color or race	st birthday 24 (Yes	16. Color or race	17. Age at last birthday 19	(Xeers)
2.4	50	70000	OF 1	<u></u>
Birthplace (city or place)	songe	13. Birthplace (city or p	lace	
(State or country)	Pau	(State or country)	Melahomo	L
Occupation	J	iii. Occupation	7 %	
Nature of industry	ner	Nature of industry	Housewife	
Number of children of this mother	(a) Born slive and no	w living 21. Were p	recautions taken against oph-	
ten as of time of birth of child herein ((c) Stillbern		neona turana	<u> </u>
	ATE OF ATTENDE		WIFE O	-
reby certify that I attended the birth o		Born alive or stillborn.)	at finding figm, on the date above a	stated,
When there was no attending physician	سي أحم	T. Hanson	na Dr.	
dwife, then the father, householder, could make this return. A stillborn c	hild >		(Physician et-midwide)	
one that neither breathes nor shows of denses of life after birth.	Address	Thave an	1me	
n name added from pplemental report		2/4 10257	L. E. Wohlman	
Month, day, ye	ar.		al Local Registrar.	
***************************************	Filed	2/4 1925	Leg. Workfrom	
liegistrat.			County Registrar.	

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